BCN Clinical & Compensation Procedures

For

Contract Type 5 PC

Professional Interpretation
of
Cytology & Pathology Services

With

The SC Department of Health and Environmental Control

Effective June 30, 2013

Contractor will provide professional interpretation of ...es for patients who meet BCN criteria as follows:

A. Patient Eligibility: The Contractor shall provide cytology and pathology services for the examination and reporting of Pap smears only requiring interpretation by a physician, cervical and breast biopsy and/or endocervical curettage, endometrial biopsy, loop electrode excision and cyst aspiration specimens received from providers currently under contract with DHEC for breast and cervical cancer screening and follow-up services. (See DHEC BCN Provider List.) Patients for whom specimens are received must meet the current age eligibility requirements for BCN, have no insurance (including Medicaid and Medicare) or can provide documentation that their insurance on covers in-patient hospitalization.

B. Services:

1. The Contractor will provide laboratory services according to the Fee for Service Schedule.
2. The Contractor shall provide examination and reports of Pap smears requiring interpretation by a physician, cervical and breast biopsy and/or endocervical curettage specimens, endometrial biopsy, loop electrode excision and cyst aspiration specimens received from providers under contract with DHEC.

C. Staff:

1. Contractor must have a medical director who meets Federal Clinical Laboratory Improvement Act (CLIA) requirements to ensure that staff are competent and proficient in cytology and pathology services and to ensure that professional credentials are current.
2. Contractor must be licensed (accredited) under CLIA. Proof of certification must be submitted with the bid.
3. Contractor must be covered by malpractice liability insurance. A copy of the insurance certificate must be submitted with the bid. Minimum acceptable coverage is $500,000 per incident and $1,000,000 aggregate total per year.
4. Contractor must have a S.C. Board of Medical Examiners certified pathologist, preferably with training in cytology.
5. Laboratory pathology services shall be provided by board eligible/certified pathologists. Cytology services shall be provided by certified cytotechnologists.

D. Facility:

1. Meet the federal Clinical Laboratories Improvement Act (CLIA) of 1988 requirements which includes utilization of the current Bethesda Reporting System. The current Bethesda Reporting System can be accessed at http://www.bethesda2001.cancer.gov/terminology.html. Upon request, provide DHEC a copy of the most current CLIA certificate. Accreditation by the College of American Pathologists or the American Society of Cytology is strongly recommended.

k to referring physician within **ten (10)** working days of ory specimens.

ust notify designated individuals within each clinic site to n patients with abnormal Pap smear results of moderate dysplasia and higher grade lesions, within two (2) working days after diagnosis of the slide.

E. SERVICE COORDINATION STAFF (SCS) shall:

1. Provide on-going BCN orientation, training and consultation.
2. Reinforce BCN policies and procedures.
3. Provide updated DHEC BCN Provider List(s) of screening and follow-up providers.

F. DHEC BCN shall: Provide contract monitoring and feedback.

II. TIME OF PERFORMANCE: Reference the DHEC BCN Contract for Type 5 PC. Professional Interpretation of Cytology and Pathology Services.

III. COMPENSATION - METHOD OF PAYMENT:

A. Payment for services will be rendered according to the breakdown of services and unit charges as described on the Fee for Service Schedule in accordance with Centers for Disease Control & Prevention (CDC) guidelines. The Fee for Service Schedule may change at the beginning of each fiscal year. If changes are made, a copy of these updated charges will be provided to the Contractor by DHEC prior to July 15th of each fiscal year.

B. DHEC will reimburse the Contractor only for cytology and pathology services provided to eligible women as stipulated under the prior section of these procedures regarding Patient Eligibility.

C. The Contractor will submit the request for payment of the professional interpretation of laboratory services within **30 days** of the date of service on an insurance claim form (CMS-1500 or UB-04).

1. The request for payment of laboratory services must include: name of referring facility or full name of physician, the patient's first and last name, social security number, date of birth, date of visit, type of service provided and CPT code(s). **The patient's social security number should always be used as her identification number unless she does not have one.**
2. Contractor should attach a copy of the associated laboratory report to the insurance claim to expedite payment. Payment will be delayed if a copy of the report has not been received.
3. All requests for payment for the CPT code 8830526 & 8830726 must include the ICD-9-CM diagnosis code relating to this service.
4. DHEC will reimburse the CPT code 88141, only on Pap smears with abnormal results of ASC-US or above. Payment will not be made for CPT code 88141 without a copy of the associated cytology report for the Pap smear having been provided to BCN. The Contractor should provide a copy of the report with the request for payment to expedite the processing of the reimbursement. **Contractor is not to provide interpretation by a physician (CPT code 88141) on Pap smears with negative results.**

be liable for payment if physician interpretation is ap smear with negative results.

a pre-authorization code to BCN patientsô initial screening is authorization code will be used by DHEC/BCN in determining appropriateness of payment for cytology and pathology services. The PA Code will expire if the initial screening provider has not submitted their documentation to DHEC/BCN of the patientôs visit within thirty (30) days of the date for which they obtained the authorization. This means there could be a delay or denial of payment to you for laboratory services if the initial screening provider has allowed the PA Code to expire and has not obtained a new one from DHEC/BCN. In the event DHEC/BCN denies payment to you for this reason, the initial screening provider is liable for payment to you. The patient cannot be billed.

E. DHEC will issue reimbursement within 60 days of receipt of complete and accurate billing forms.

1. A reimbursement face sheet showing services provided and payment due to the Contractor will be generated by DHEC from the claim forms received.
2. A request for payment will be submitted to DHEC Finance for payment to the Contractor.
3. The reimbursement face sheets will be submitted to the Contractor with payment from DHEC Finance.
4. Payment will be delayed if DHEC/BCN has not received a copy of the laboratory report associated with a particular claim.

F. The Contractor agrees to bill DHEC only for BCN covered services included in the list of allowable charges listed on the Fee for Service Schedule and agrees not to bill a BCN patient for any of the same.

G. The Contractor agrees to accept payment of allowable charges from DHEC as payment in full as described on the Fee for Service Schedule and will not bill the patient or referring physician or facility for the balance.

H. The Contractor agrees not to bill any BCN patient for services ordered by a BCN physician that are not included on the Fee for Service Schedule, but for which the BCN physician has indicated on the requisition are billable to BCN. These will be the responsibility of the referring physician unless the patient has previously agreed to pay for these services.

I. The Contractor will not bill DHEC for any charges that are not included on the list of allowable charges referred to below under Contractual Services/Allowable Charges. DHEC will have no responsibility to the Contractor to provide any explanation for non-payment of the same.

J. All requests for payment of laboratory services provided between each June 30 through June 29 of the Contract period must be received by DHEC/BCN by July 29 following that year. **Payment requests received after July 29 of each year will be returned unpaid. The Contractor will not bill the patient for unpaid payment requests received by DHEC/BCN after each July 29 and must write these charges off.**

e DHEC for payments received of DHEC will recoup
nts who are subsequently found to have not met the Patient
ontained in these Clinical & Compensation Procedures.

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CONTRACTUAL SERVICES 06/30/2013 through 06/29/2014	CPT CODES	ALLOWABLE CHARGES
• Cytopathology, cervical, requiring interpretation by a physician**	88141	229.67
• Evaluation of fine needle aspirate	8817226	34.16
• Fine needle aspirate, interpretation and report	8817326	67.48
• Cervical biopsy***	8830526	35.59
• Endocervical curettage ***	8830526	35.59
• Endometrium curettings/biopsy ***	8830526	35.59
• Breast biopsy ***	8830526	35.59
• Breast biopsy **only**, excision of lesion ï level V (**see note below**) surgical pathology, gross & microscopic examination (requiring microscopic evaluation of surgical margins)***	8830726	35.59

****This code is only to be billed on abnormal Pap smear results including ASC-US or above. Payment will not be made until receipt of cytology report for Pap smear.**

*****The ICD-9 diagnosis code must be provided on all claims submitted for the CPT code 8830526 or 8830726.**

Note: Payment for 8830726 will only be made on excision of a breast lesion at the rate of a level V biopsy. (8830526)